

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90063 040 ****61.25

DOCUMENT # N22524

1. Entity Name
P & I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
187 S ATLANTIC AVENUE
P.O. BOX 5386, 149 BROADWAY
ORMOND BEACH, FL 32176-6620 US

Mailing Address
P O BOX 306
ORMOND BCH, FL 32175-0306 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3001407

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEET, JEFFREY C.
149 BROADWAY
DAYTONA BEACH, FL 32018

Name Sweet, Jeffrey C.
 Street Address (P.O.: Box Number is Not Acceptable) _____

595 W. Granada BLVD., Suite A
 City Ormond Beach Zip Code FL 32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD Delete
 NAME COLBERT, NELL
 STREET ADDRESS 187 S. ATLANTIC AVE.
 CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE PD Change Addition

TITLE STD Delete
 NAME KULZER, CAROL A
 STREET ADDRESS 313 TIMBERLINE DRIVE
 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE Change Addition

TITLE D Delete
 NAME SCHAFFER, CRAIG
 STREET ADDRESS 187 S ATLANTIC AVENUE
 CITY-ST-ZIP ORMOND BEACH, FL 32176620

TITLE Change Addition

TITLE PD Delete
 NAME BANKS, THOMAS
 STREET ADDRESS 187 S ATLANTIC AVENUE
 CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D Change Addition

TITLE D Delete
 NAME KULZER, JEFFREY
 STREET ADDRESS 50 RIVER BEACH DRIVE
 CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE VPD Change Addition

TITLE Delete

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **J. Kulzer** 3-17-05 386-677-2331